

SCULLY, SCOTT, MURPHY & PRESSER
400 GARDEN CITY PLAZA
GARDEN CITY, NEW YORK 11530

Telephone: (516) 742-4343
Facsimile: 516) 742-4366
E-Mail: intprop@ssmp.com

FACSIMILE TRANSMISSION

To: U. S. Patent and Trademark Office Attention: Customer Service
Filing Receipts
Date: November 8, 1999
Fax #: 703-308-7751 Pages: 3
From: SCULLY, SCOTT, MURPHY & PRESSER
Re: Ingemar J. Cox, et al..
U. S. Patent Appln. No. 09/249,956
METHOD AND DEVICE FOR INSERTING AND AUTHENTICATING
A DIGITAL SIGNATURE IN DIGITAL DATA
Our Docket: 12558

COMMENTS:

We have not yet received the filing receipt for the above-identified patent application and request that you please send a filing receipt which shows the filing date of April 20, 1999. This is the date on which the application was filed as shown on the postcard and express mail label. Please send this filing receipt showing the date of 4/20/99 as soon as possible.

If there are any problems concerning this facsimile, please call (516) 742-4343 and ask for Margaret Gribbin

CONFIDENTIALITY: The documents accompanying this facsimile transmission may contain information which is either confidential or legally privileged and is intended only for the authorized use of the individual or entity named above without right of publication or republication, dissemination or disclosure except as expressly set forth or established by course of dealing. All rights are reserved. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this facsimile is prohibited. If you received this transmission in error, please notify us immediately by telephone to arrange for return of the documents.

-PATENT OFFICE DATE STAMP WILL ACKNOWLEDGE RECEIPT OF:

1. New Utility Patent Application Transmittal (in duplicate)
2. New Patent Application (22 pages of specification;
23 pages of claims; 1 page of abstract)
3. Executed Declaration & Power of Attorney
4. Six(6) Sheets Drawings (Figs. 1-5)
5. Executed Assignment with Recordal (in duplicate)
6. Express Certificate of Mailing #EL168496930US dated 04/20/99
7. Charge Deposit Account 19-1013 \$3,074.00

Applicants: Ingemar J. Cox, et al.

For: METHOD AND DEVICE FOR INSERTING AND AUTHENTICATING
A DIGITAL SIGNATURE IN DIGITAL DATA

Docket: 12558

Dated: April 20, 1999

PJE:ae

-PATENT OFFICE DATE STAMP WILL ACKNOWLEDGE RECEIPT OF:

1. New Utility Patent Application Transmittal (in duplicate)
2. New Patent Application (22 pages of specification;
23 pages of claims; 1 page of abstract)
3. Executed Declaration & Power of Attorney
4. Six(6) Sheets Drawings (Figs. 1-5)
5. Executed Assignment with Recordal (in duplicate)
6. Express Certificate of Mailing #EL168496930US dated 04/20/99
7. Charge Deposit Account 19-1013 \$3,074.00

Applicants: Ingemar J. Cox, et al.

For: METHOD AND DEVICE FOR INSERTING AND AUTHENTICATING
A DIGITAL SIGNATURE IN DIGITAL DATA

Docket: 12558

Dated: April 20, 1999

PJE:ae



EL168496930US



* EL168496930US *

POST OFFICE TO ADDRESSEE

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code 11591	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	
Date In Mo. 11 Day 20 Year 08	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 15.75	
Time In Mo. 11 Day 20 Year 08	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight lbs. 1.00	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$ 15.75	

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE



Customer Copy
Label 11-F July 1997

CUSTOMER USE ONLY	
METHOD OF PAYMENT: Express Mail Corporate Acct. No. Y115357	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
Federal Agency Acct. No. or Postal Service Acct. No. Signature	NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday

FROM: (PLEASE PRINT) PHONE ()
SCULLY SCOTT MURPHY & PRESSER
400 GARDEN CITY PLZ
GARDEN CITY NY 11530-3336

TO: (PLEASE PRINT) PHONE ()
Box Patent Application
Assistant Commissioner for Patents
Washington, DC 20231

L1256/12558/2008/ae

\$15.75

PRESS HARD.
You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov

